SUN PRAIRIE HEALTH CARE CENTER

228 WEST MAIN STREET

SUN PRAIRIE 53590 Phone: (608) 837-5	959	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operati	on: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	32	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	32	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	31	Average Daily Census:	29

Services Provided to Non-Residents		Age, Gender, and Primary Di					%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	9.7 41.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	29.0
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	0.0	65 <b>-</b> 74   75 <b>-</b> 84	0.0 19.4	İ	80.6
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic		85 - 94   95 & Over		******* **** ***********************	*****
Congregate Meals Home Delivered Meals	No No	Cancer   Fractures	0.0	 	100.0	Nursing Staff per 100 Resi   (12/31/03)	idents
Other Meals	No	Cardiovascular	12.9	65 & Over	100.0	İ	
Transportation Referral Service	No No	Cerebrovascular   Diabetes		   Gender	용	•	13.7 7.1
Other Services Provide Day Programming for	No	Respiratory   Other Medical Conditions		   Male		Nursing Assistants,   Aides, & Orderlies	40.3
Mentally Ill	No			Female	71.0	•	10.0
Provide Day Programming for Developmentally Disabled	No	•	100.0	i I	100.0		le de de de de de de de

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	l		
Level of Care	No.	ૃ	Per Diem (\$)	No.	양	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ଚ	Per Diem (\$)	No.	응	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	330	12	100.0	122	0	0.0	0	11	100.0	160	0	0.0	0	0	0.0	0	31	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		12	100.0		0	0.0		11	100.0		0	0.0		0	0.0		31	100.0

County: Dane Facility ID: 8560 Page 2 SUN PRAIRIE HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	4.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		96.8	3.2	31
Other Nursing Homes	4.0	Dressing	6.5		90.3	3.2	31
Acute Care Hospitals	90.0	Transferring	3.2		93.5	3.2	31
Psych. HospMR/DD Facilities	0.0	Toilet Use	3.2		96.8	0.0	31
Rehabilitation Hospitals	0.0	Eating	29.0		58.1	12.9	31
Other Locations	2.0	******	*****	*****	*****	******	*****
Total Number of Admissions	50	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.5	Receiving Resp	iratory Care	6.5
Private Home/No Home Health	20.0	Occ/Freq. Incontiner	nt of Bladder	90.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	6.0	Occ/Freq. Incontiner	nt of Bowel	90.3	Receiving Suct	ioning	0.0
Other Nursing Homes	4.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	28.0	Mobility			Receiving Tube	Feeding	3.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	41.9
Rehabilitation Hospitals	0.0						
Other Locations	10.0	Skin Care			Other Resident C	haracteristics	
Deaths	32.0	With Pressure Sores		3.2	Have Advance D	irectives	0.0
Total Number of Discharges	Ì	With Rashes		0.0	Medications		
(Including Deaths)	50				Receiving Psyc	hoactive Drugs	38.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	용	Ratio % Ratio		Ratio	ઇ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	90.6	86.2	1.05	84.7	1.07	88.1	1.03	87.4	1.04		
Current Residents from In-County	93.5	78.5	1.19	77.5	1.21	82.1	1.14	76.7	1.22		
Admissions from In-County, Still Residing	18.0	17.5	1.03	25.1	0.72	20.1	0.89	19.6	0.92		
Admissions/Average Daily Census	172.4	195.4	0.88	104.2	1.65	155.7	1.11	141.3	1.22		
Discharges/Average Daily Census	172.4	193.0	0.89	107.9	1.60	155.1	1.11	142.5	1.21		
Discharges To Private Residence/Average Daily Census	44.8	87.0	0.52	28.9	1.55	68.7	0.65	61.6	0.73		
Residents Receiving Skilled Care	100	94.4	1.06	93.8	1.07	94.0	1.06	88.1	1.14		
Residents Aged 65 and Older	100	92.3	1.08	95.8	1.04	92.0	1.09	87.8	1.14		
Title 19 (Medicaid) Funded Residents	38.7	60.6	0.64	56.9	0.68	61.7	0.63	65.9	0.59		
Private Pay Funded Residents	35.5	20.9	1.69	33.8	1.05	23.7	1.50	21.0	1.69		
<u> </u>	0.0	0.8	0.00	1.4	0.00	1.1	0.00	6.5	0.00		
Developmentally Disabled Residents											
Mentally Ill Residents	22.6	28.7	0.79	38.3	0.59	35.8	0.63	33.6	0.67		
General Medical Service Residents	25.8	24.5	1.05	16.9	1.53	23.1	1.12	20.6	1.26		
Impaired ADL (Mean)	48.4	49.1	0.99	50.8	0.95	49.5	0.98	49.4	0.98		
Psychological Problems	38.7	54.2	0.71	56.3	0.69	58.2	0.67	57.4	0.67		
Nursing Care Required (Mean)	6.9	6.8	1.01	6.9	0.99	6.9	0.99	7.3	0.94		
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